

POSITION	INITIALS	ID N	DATE
FEE DETERMINATION	PS	66621	1/24
O.I.P.E. CLASSIFIER		16	29.00
FORMALITY REVIEW	DMK	64169	
RESPONSE FORMALITY REVIEW			2-18-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
10	5 8 3
15	5 8 2
02	03 04
1	✓ N
2	✓ N
3	✓ N
4	✓ N
5	✓ N
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
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20	✓ ✓
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22	✓ ✓
23	✓ ✓
24	✓ 0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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